

CLAIMS ONLY							Applicant(s)		Filing Date
							Application Number		
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep Depend
1	/		/						
2		/		/					
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46									
47									
48									
49									
50									
Total Indep	5		5						
Total Depend	20		29						
Total Claims	25		34						
							Total Indep		
							Total Depend		
							Total Claims		

Filing Date

Applicant(s)

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